

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern

District of:

Illinois

(State)

Case number (if known)

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport) Bring your picture identification to your meeting with the trustee.	Jeffrey First name Middle name Couch Last name Suffix (Sr., Jr., II, III)	Jodie First name Middle name Couch Last name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	First name Middle name Last name First name Middle name Last name	First name Middle name Last name First name Middle name Last name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX - XX- <u>5767</u> OR 9 XX - XX- _____	XXX - XX- <u>8258</u> OR 9 XX - XX- _____

Debtor 1	Jeffrey	Couch	Case number (if known)
First Name	Middle Name	Last Name	

<p align="center">About Debtor 1:</p> <p>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</p> <p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>Include trade names and doing business as names</p> <p>EIN _____</p> <p>EIN _____</p>	<p align="center">About Debtor 2 (Spouse Only in a Joint Case):</p> <p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p>
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<p>5. Where you live</p> <p>25702 S. Bridle Path</p> <p>Number Street</p> <hr/> <p>Channahon Illinois 60410</p> <p>City State Zip Code</p> <p>Grundy</p> <p>County</p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>Number Street</p> <hr/> <p>City State Zip Code</p>	<p align="center">If Debtor 2 lives at a different address:</p> <p>25702 S. Bridle Path</p> <p>Number Street</p> <hr/> <p>Channahon Illinois 60410</p> <p>City State Zip Code</p> <p>Grundy</p> <p>County</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number Street</p> <hr/> <p>City State Zip Code</p>
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<p>6. Why you are choosing this district to file for bankruptcy</p> <p>Check one:</p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. §§ 1408.)</p>	<p>Check one:</p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. §§ 1408.)</p>
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Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 2: **Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No.
- ☐ Yes. District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No.
- ☐ Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1	Jeffrey	Couch	Case number (if known)
	First Name	Middle Name	Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City _____ State _____ Zip Code _____

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B).

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number	Street
--------	--------

City _____ State _____ Zip Code _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Debtor 1 Jeffrey Couch Case number (if known)
 First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

<p>16. What kind of debts do you have?</p>	<p>16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>		
	<p>16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>		
	<p>16c. State the type of debts you owe that are not consumer debts or business debts.</p>		
<p>17. Are you filing under Chapter 7?</p> <p>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</p>	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes.</p>		
<p>18. How many creditors do you estimate that you owe?</p>	<p><input checked="" type="checkbox"/> 1-49</p> <p><input type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p>
<p>19. How much do you estimate your assets to be worth?</p>	<p><input type="checkbox"/> \$0-\$50,000</p> <p><input type="checkbox"/> \$50,001-\$100,000</p> <p><input checked="" type="checkbox"/> \$100,001-\$500,000</p> <p><input type="checkbox"/> \$500,001-\$1 million</p>	<p><input type="checkbox"/> \$1,000,001-\$10 million</p> <p><input type="checkbox"/> \$10,000,001-\$50 million</p> <p><input type="checkbox"/> \$50,000,001-\$100 million</p> <p><input type="checkbox"/> \$100,000,001-\$500 million</p>	<p><input type="checkbox"/> \$500,000,001-\$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001-\$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001-\$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>
<p>20. How much do you estimate your liabilities to be?</p>	<p><input type="checkbox"/> \$0-\$50,000</p> <p><input type="checkbox"/> \$50,001-\$100,000</p> <p><input type="checkbox"/> \$100,001-\$500,000</p> <p><input checked="" type="checkbox"/> \$500,001-\$1 million</p>	<p><input type="checkbox"/> \$1,000,001-\$10 million</p> <p><input type="checkbox"/> \$10,000,001-\$50 million</p> <p><input type="checkbox"/> \$50,000,001-\$100 million</p> <p><input type="checkbox"/> \$100,000,001-\$500 million</p>	<p><input type="checkbox"/> \$500,000,001-\$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001-\$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001-\$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

/s/ Jeffrey Couch
Signature of Debtor

Executed on 4/26/2018
MM / DD / YYYY

x

/s/ Jodie Couch
Signature of Debtor 2

Executed on 4/26/2018
MM / DD / YYYY

Debtor 1 <u>Jeffrey</u>	Couch	Case number (if known) _____
First Name	Middle Name	Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ James Durkee Date 4/26/2018
Signature of Attorney for Debtor MM / DD / YYYY

James Durkee
Printed name

Malmquist Geiger & Durkee
Firm name

415 Liberty St
Street

Morris Illinois 60450
City State Zip Code

Contact phone 8159425072 Email address jimdurkee@mglawoffices.com

6296297 IL
Bar number State

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number			
(If known)			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2
- ☐ Yes. Where is the property?

1.1

Street address, if available, or other description

Number Street

City State Zip Code

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

If you own or have more than one, list here:

1.2

Street address, if available, or other description

Number Street

City State Zip Code

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor 1	Jeffrey	Couch	Case number (if known)
	First Name	Middle Name	Last Name

1.3 _____
Street address, if available, or other description

Number Street

City State Zip Code

What is the property? Check all that apply.

☐ Single-family home

☐ Duplex or multi-unit building

☐ Condominium or cooperative

☐ Manufactured or mobile home

☐ Land

☐ Investment property

☐ Timeshare

☐ Other _____

Who has an interest in the property? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____

Current value of the portion you own? _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions) ☐

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make Cadillac
Model: CTS
Year: 2011
Approximate mileage: 85000

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$11500.00

Current value of the portion you own? \$11500.00

3.2 Make Jeep
Model: Wrangler
Year: 1997
Approximate mileage: 275000

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$500.00

Current value of the portion you own? \$500.00

Debtor 1	Jeffrey	Couch	Case number (if known)
	First Name	Middle Name	Last Name
3.3	Make	_____	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)
	Model:	_____	
	Year:	_____	
	Approximate mileage:	_____	
	Other information:	_____	
			Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . Current value of the entire property? _____ Current value of the portion you own? _____
3.4	Make	_____	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)
	Model:	_____	
	Year:	_____	
	Approximate mileage:	_____	
	Other information:	_____	
			Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . Current value of the entire property? _____ Current value of the portion you own? _____
4	Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.1	Make	_____	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)
	Model:	_____	
	Year:	_____	
	Approximate mileage:	_____	
	Other information:	_____	
			Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . Current value of the entire property? _____ Current value of the portion you own? _____
4.2	Make	_____	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)
	Model:	_____	
	Year:	_____	
	Approximate mileage:	_____	
	Other information:	_____	
			Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . Current value of the entire property? _____ Current value of the portion you own? _____
5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here _____			<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$12000.00</div>

Debtor 1 Jeffrey Couch Case number (if known)
 First Name Middle Name Last Name

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe...

Personal and family household goods for a family of 4

\$375.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music

☒ No

☐ Yes. Describe...

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe...

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe...

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe...

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe...

Personal clothing for a family of 4

\$50.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe...

Miscellaneous jewelry

\$30.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe...

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Describe...

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$455.00

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No☐ Yes

Cash: _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:

New Century Federal Credit Union\$25.00

17.2. Checking account:

New Century Federal Credit Union\$55.00

17.3. Savings account:

17.4. Savings account:

17.5. Certificates of deposit:

17.6. Other financial account:

17.7. Other financial account:

17.8. Other financial account:

17.9. Other financial account:

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No☐ Yes. Give specific information about them

Name of entity

% of ownership:

Debtor 1 Jeffrey	Couch	Case number (if known) _____
First Name	Middle Name	Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them..... Issuer name: _____

21. Retirement or pension accounts
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:	Institution name:	
401(k) or similar plan:		_____
Pension plan:		_____
IRA:		_____
Retirement account:		_____
Keogh:		_____
Additional account:		_____
Additional account:		_____

22. Security deposits and prepayments
Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes....

Institution name:	
Electric:	_____
Gas:	_____
Heating oil:	_____
Security deposit on rental unit:	_____
Prepaid rent:	_____
Telephone:	_____
Water:	_____
Rented furniture:	_____
Other:	_____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes....

Issuer name and description:	

Debtor 1 Jeffrey	Couch	Case number (if known) _____
First Name	Middle Name	Last Name

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No
☐ Yes....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No
☐ Yes. Describe... _____

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes. Describe... _____

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes. Describe... _____

Money or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
---------------------------------------	---

28. **Tax refunds owed to you**

☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal:	\$0.00
State:	\$0.00
Local:	\$0.00

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes. Give specific information.....

Alimony:	\$0.00
Maintenance:	\$0.00
Support:	\$0.00
Divorce settlement:	\$0.00
Property settlement:	\$0.00

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No
☐ Yes. Describe... _____

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Last Name Middle Name

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No
☐ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No
☐ Yes. Describe...

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No
☐ Yes. Describe...

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No
☐ Yes. Describe...

35. Any financial assets you did not already list

☒ No
☐ Yes. Describe...

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$80.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the
 portion you own?
 Do not deduct secured claims
 or exemptions

38. Accounts receivable or commissions you already earned

☒ No
☐ Yes. Describe...

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No
☐ Yes. Describe...

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe...

41. Inventory

☒ No

☐ Yes. Describe...

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Give specific information about them

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.....

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes. Describe...

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

48. Crops either growing or harvested

☒ No☐ Yes. Describe... _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes. Describe... _____

50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes. Describe... _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Describe... _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No☒ Yes. Give specific information

Worker's compensation lawsuit settlement

\$200000.00

54. Add the dollar value of all of your entries from Part 7. Write that number here _____

\$200000.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 _____

56. Part 2: Total vehicles, line 5

\$12000.00

57. Part 3: Total personal and household items, line 15

\$455.00

58. Part 4: Total financial assets, line 36

\$80.00

59. Part 5: Total business-related property, line 45

60. Part 6: Total farm- and fishing-related property, line 52

61. Part 7: Total other property not listed, line 54

\$200000.00

62. Total personal property. Add lines 56 through 61. _____

\$212535.00

Copy personal property total

+ \$212535.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. _____

\$212535.00

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Cadillac CTS, 2011</u> Line from Schedule A/B: <u>03</u>	<u>\$11,500.00</u>	<input checked="" type="checkbox"/> \$112.00; \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)
Brief description: <u>Jeep Wrangler, 1997</u> Line from Schedule A/B: <u>03</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00; \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 Jeffrey
First Name Middle Name Last Name
Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Worker's compensation lawsuit settlement</u> Line from Schedule A/B: <u>53</u>	<u>\$200,000.00</u>	<input checked="" type="checkbox"/> <u>\$200,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>820 ILCS 305/21</u>
Brief description: <u>Checking account, New Century Federal Credit Union</u> Line from Schedule A/B: <u>17</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735 ILCS 5/12-1001(b)</u>
Brief description: <u>Checking account, New Century Federal Credit Union</u> Line from Schedule A/B: <u>17</u>	<u>\$55.00</u>	<input checked="" type="checkbox"/> <u>\$55.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735 ILCS 5/12-1001(b)</u>
Brief description: <u>Personal and family household goods for a family of 4</u> Line from Schedule A/B: <u>06</u>	<u>\$375.00</u>	<input checked="" type="checkbox"/> <u>\$375.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735 ILCS 5/12-1001(b)</u>
Brief description: <u>Personal clothing for a family of 4</u> Line from Schedule A/B: <u>11</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735 ILCS 5/12-1001(a)</u>
Brief description: <u>Miscellaneous jewelry</u> Line from Schedule A/B: <u>12</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735 ILCS 5/12-1001(b)</u>

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2.	List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	<p>CITIZENSONE</p> <p>Creditor's Name 480 JEFFERSON BLVD</p> <p>Number Street</p> <p>WARWICK RI 02886</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 3/2015</p> <p>Describe the property that secures the claim: Cadillac CTS Value: \$11,500.00</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number 1200</p>	\$11,388.00	\$11,500.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$11,388.00		

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any creditors have priority unsecured claims against you?			
	<input checked="" type="checkbox"/> No. Go to Part 2.			
	<input type="checkbox"/> Yes.			
2.	List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)			
		Total claim	Priority amount	Nonpriority amount

Debtor 1 Jeffrey _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Advanced Physicians/Dr. Lang Nonpriority Creditor's Name 16101 Weber Rd. Number Street	Last 4 digits of account number _____ When was the debt incurred? <u>n/a</u>	<u>\$225.00</u>
Crest Hill Illinois 60403 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
4.2	ATI Physical Therapy Nonpriority Creditor's Name 790 Remington Boulevard Number Street	Last 4 digits of account number _____ When was the debt incurred? <u>n/a</u>	<u>\$2,594.88</u>
Boilingbrook Illinois 60440 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
4.3	BANKAMERICA Nonpriority Creditor's Name 1825 E BUCKEYE RD Number Street	Last 4 digits of account number <u>2678</u> When was the debt incurred? <u>2/2011</u>	<u>\$5,546.00</u>
PHOENIX Arizona 85034 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	

Debtor 1 Jeffrey Couch Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4	BBY/CBNA Nonpriority Creditor's Name PO BOX 6497 Number Street	Last 4 digits of account number 6234 When was the debt incurred? 12/2008	\$1,135.00
SIOUX FALLS South Dakota 57117 City State Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Other. Specify CreditCard	
4.5	CB/VICSCRT Nonpriority Creditor's Name 220 W SCHROCK RD Number Street	Last 4 digits of account number 7306 When was the debt incurred? 12/2015	\$954.00
WESTERVILLE Ohio 43081 City State Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Other. Specify CreditCard	
4.6	CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street	Last 4 digits of account number 3270 When was the debt incurred? 4/2013	\$484.00
STREATOR Illinois 61364 City State Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Other. Specify Collection; Collecting for ORIGINAL CREDITOR: MEDICAL	

Debtor 1 Jeffrey Couch Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p>4.7 CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street</p> <p>STREATOR Illinois 61364 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5931</u></p> <p>When was the debt incurred? <u>1/2013</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection; Collecting for ORIGINAL CREDITOR: MEDICAL</u></p>	<p><u>\$111.00</u></p>
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<p>4.8 Clinical Associates in Medicine, LLC Nonpriority Creditor's Name 330 Madison St. Number Street</p> <p>Joliet Illinois 60435 City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>	<p><u>\$4,215.00</u></p>
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<p>4.9 DISCOVERBANK Nonpriority Creditor's Name POB 15316 Number Street</p> <p>WILMINGTON Delaware 19850 City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2700</u></p> <p>When was the debt incurred? <u>12/2010</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p><u>\$6,310.00</u></p>
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Debtor 1 Jeffrey Couch Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	Future Diagnostic Group Nonpriority Creditor's Name 254 Republic Ave. Number Street Joliet Illinois 60435 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$1,320.00
4.11	Humana Nonpriority Creditor's Name 2301 W. 22nd St. Number Street Oak Brook Illinois 60523 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$1,453.31
4.12	Joliet Radiological Services Corporation Nonpriority Creditor's Name 333 Madison St. Number Street Joliet Illinois 60435 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$1,923.43

Debtor 1 Jeffrey _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: **Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p>4.13 KOHLS/CAPONE Nonpriority Creditor's Name PO BOX 3115 Number Street</p> <p>MILWAUKEE Wisconsin 53201 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5279</u></p> <p>When was the debt incurred? <u>10/2009</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p><u>\$1,938.00</u></p>
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<p>4.14 Medicaid/Illinois Department of Human Services Nonpriority Creditor's Name 361 Old Indian Trail Number Street</p> <p>Aurora Illinois 60506 City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>	<p><u>\$91,279.93</u></p>
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<p>4.15 MERCHANTS CR Nonpriority Creditor's Name 223 W JACKSON ST SUITE 900 Number Street</p> <p>CHICAGO Illinois 60606 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0493</u></p> <p>When was the debt incurred? <u>2/2015</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection; Collecting for ORIGINAL CREDITOR: MEDICAL</u></p>	<p><u>\$169.00</u></p>
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Debtor 1 Jeffrey Couch Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16 Morris Hospital Last 4 digits of account number \$1,531.00
 Nonpriority Creditor's Name
 150 W. High St. When was the debt incurred? n/a
 Number Street

Morris Illinois 60450
 City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical

4.17 Neil Green Law Office Last 4 digits of account number \$2,456.06
 Nonpriority Creditor's Name
 250 Parkway Dr., #160 When was the debt incurred? n/a
 Number Street

Lincolnshire Illinois 60069
 City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical collections

4.18 Neurological Surgery and Spine Surgery/ Dr. Sean Salehi Last 4 digits of account number \$375.00
 Nonpriority Creditor's Name
 1 Westbrook Corporate Center Suite 800 When was the debt incurred? n/a
 Number Street

Westchester Illinois 60154
 City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19 Pain and Spine Institute/Dr. Samir Sharma Nonpriority Creditor's Name 744 Essington Rd. Number Street Joliet Illinois 60435 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>n/a</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	\$70,529.00
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4.20 Presence Saint Joseph Hospital Nonpriority Creditor's Name 333 North Madison St. Number Street Joliet Illinois 60435 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>n/a</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	\$10,151.96
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4.21 SYNCB/TOYS Nonpriority Creditor's Name PO BOX 965005 Number Street ORLANDO Florida 32896 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0901</u> When was the debt incurred? <u>4/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$1,071.00
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Debtor 1 Jeffrey Couch Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p>4.22 SYNCB/WALMAR Nonpriority Creditor's Name PO BOX 965024 Number Street</p> <p>EL PASO Texas 79998 City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8300</u></p> <p>When was the debt incurred? <u>11/2017</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p><u>\$717.00</u></p>
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<p>4.23 TARGET/TD Nonpriority Creditor's Name PO BOX 673 Number Street</p> <p>MINNEAPOLIS Minnesota 55440 City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1983</u></p> <p>When was the debt incurred? <u>10/2017</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p><u>\$197.00</u></p>
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<p>4.24 University of Illinois Hospital and Health Sciences System Nonpriority Creditor's Name 1740 W. Taylor St Number Street</p> <p>Chicago Illinois 60612 City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>-</u></p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>	<p><u>\$340,799.17</u></p>
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Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 2: **Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p>4.25 University-Chicago Physicians Group</p> <p>Nonpriority Creditor's Name 180 Harvester Dr.</p> <p>Number _____ Street _____</p> <p>Willowbrook Illinois 60527</p> <p>City State Zip Code</p> <p>Who Incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>	<p><u>\$147,311.00</u></p>
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Debtor 1 Jeffrey Couch Case number (if known)
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

University of Illinois Hospital
Name

1740 West Taylor St.
Number Street

Chicago Illinois 60612
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 4: **Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claims
Total claims from Part 1	6a. Domestic support obligations.	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
		Total claims
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. <u>\$694,796.74</u>
	6j. Total. Add lines 6f through 6i.	6j. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$694,796.74</div>

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- ☒ No
☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Illinois	
		(State)	
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Debtor 1	Debtor 2	
	Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed
	Occupation		
	Employer's name		
	Employer's address		
	How long employed there?		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. \$0.00	\$0.00
3. Estimate and list monthly overtime pay.	3. + \$0.00	+ \$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$0.00	\$0.00

Debtor 1 <u>Jeffrey</u>		Couch		Case number (if known)	
First Name	Middle Name	Last Name			
			For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here → 4.			\$0.00	\$0.00	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00		
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00		
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00		
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00		
5e. Insurance	5e.	\$0.00	\$0.00		
5f. Domestic support obligations	5f.	\$0.00	\$0.00		
5g. Union dues	5g.	\$0.00	\$0.00		
5h. Other deductions. Specify: _____	5h. +	\$0.00	+		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.			6.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.			7.	\$0.00	\$0.00
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			8a.	\$0.00	\$0.00
8b. Interest and dividends			8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			8c.	\$0.00	\$0.00
8d. Unemployment compensation			8d.	\$0.00	\$0.00
8e. Social Security			8e.	\$2,100.60	\$1,050.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: _____			8f.	\$0.00	\$0.00
8g. Pension or retirement income			8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: <u>See attached</u>			8h. +	\$0.00	+
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.			9.	\$2,100.60	\$1,050.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse			10.	\$2,100.60	\$1,050.00 =
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____			11. +	\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12.	\$3,150.60	
			Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes. Explain: _____					

Debtor 1 Jeffrey Couch Case number (if known)
First Name Middle Name Last Name

Part 2: Give Details About Monthly IncomeOfficial Form 106I. Additional page.**8f. Other government assistance that you regularly receive. Specify:**

1. Food Assistance Programs Income
2. Other Government Assistance Income

For Debtor 1	For Debtor 2 or non-filing spouse
\$0.00	\$0.00
\$0.00	\$0.00

8h. Other monthly income. Specify:

1. Long Term Disability Income
2. Short Term Disability Income
3. Voluntary Household Contributions Income
4. Workers Compensation Income

\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number			
(If known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

☐ No☒ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

3 months

☐ No.☒ Yes.

Child

17 years

☐ No.☒ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

Your expenses

\$1,300.00

4.

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.

If not included in line 4:

4a. Real estate taxes

4a.

\$0.00

4b. Property, homeowner's, or renter's insurance

4b.

\$20.00

4c. Home maintenance, repair, and upkeep expenses

4c.

\$0.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

Debtor 1	Jeffrey	Couch	Case number (if known)
First Name	Middle Name	Last Name	
			Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.		\$0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.		\$184.00
6b. Water, sewer, garbage collection	6b.		\$76.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		\$210.00
6d. Other. Specify: _____	6d		\$0.00
7. Food and housekeeping supplies	7.		\$400.00
8. Childcare and children's education costs	8.		\$0.00
9. Clothing, laundry, and dry cleaning	9.		\$50.00
10. Personal care products and services	10.		\$50.00
11. Medical and dental expenses	11.		\$10.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments	12.		\$65.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.		\$50.00
14. Charitable contributions and religious donations	14.		\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a		\$0.00
15b. Health insurance	15b		\$242.00
15c. Vehicle insurance	15c		\$89.00
15d. Other insurance. Specify: _____	15d		\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16		\$0.00
17. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a		\$369.05
17b. Car payments for Vehicle 2	17b		\$0.00
17c. Other. Specify: _____	17c		\$0.00
17d. Other. Specify: _____	17d		\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.		\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
20a. Mortgages on other property	20a		\$0.00
20b. Real estate taxes.	20b		\$0.00
20c. Property, homeowner's, or renter's insurance	20c		\$0.00
20d. Maintenance, repair, and upkeep expenses.	20d		\$0.00
20e. Homeowner's association or condominium dues	20e		\$0.00

Debtor 1 Jeffrey	Couch	Case number (if known)
First Name	Middle Name	Last Name

21. Other. Specify: _____	21	\$0.00
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.		\$3,115.05
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22.	\$3,115.05
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,150.60
23b. Copy your monthly expenses from line 22 above.	23b	\$3,115.05
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$35.55
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes		
Explain here:		

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number			
(If known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$212,535.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$212,535.00

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$11,388.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i>	
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$694,796.74
Your total liabilities	\$706,184.74

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$3,150.60
Copy your combined monthly income from line 12 of <i>Schedule I</i>	
5. Schedule J: Your Expenses (Official Form 106J)	\$3,115.05
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 4: **Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes.

7. What kind of debt do you have?

- ☒ Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.)

\$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$0.00

9d. Student loans. (Copy line 6f.)

\$0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

\$0.00

Fill in this information to identify your case:

Debtor 1	<u>Jeffrey</u>	<u>Couch</u>
	First Name	Last Name
Debtor 2	<u>Jodie</u>	<u>Couch</u>
(Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>	District of <u>Illinois</u>
		(State)
Case number		
(if known)		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jeffrey Couch

Signature of Debtor 1

Date 4/26/2018

MM/DD/YYYY

X /s/ Jodie Couch

Signature of Debtor 2

Date 4/26/2018

MM/DD/YYYY

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 lived there

Debtor 2:

Dates Debtor 2 lived there

☐ Same as Debtor 1☐ Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State Zip Code

City State Zip Code

☐ Same as Debtor 1☐ Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State Zip Code

City State Zip Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out Schedule H: Your Creditors (Official Form 106H).

Debtor 1	<u>Jeffrey</u>	<u>Couch</u>	<u>Case number (if known)</u>
	First Name	Middle Name	Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____
For last calendar year: (January 1 to December 31, <u>2017</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____
For the calendar year before that: (January 1 to December 31, <u>2016</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	_____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	SS Benefits Through April, 2018 at \$2,100.60/mo.	SS Benefits received on behalf of kids through April, 2018	
	\$8,402.40		\$4,200.00
For last calendar year:	\$25,207.20		
(January 1 to December 31, 2017)	\$12,600.00		
YYYY			
For the calendar year before that:	\$25,207.20		
(January 1 to December 31, 2016)	\$12,600.00		
YYYY			

Debtor 1 Jeffrey Couch Case number (if known)
 First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____ _____ _____ City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
_____ _____ _____ City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
_____ _____ _____ City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

Debtor 1 Jeffrey	Couch	Case number (if known)
First Name	Middle Name	Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
 Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No
☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State Zip Code				
Insider's Name				
Number Street				
City State Zip Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

☒ No
☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Include creditor's name				
Insider's Name				
Number Street				
City State Zip Code				
Insider's Name				
Number Street				
City State Zip Code				

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
Jodie Couch v. Adventist Bolingbrook Hospital	Worker's compensation claim of Jodie Couch	Illinois Worker's Compensation Commission Court Name 100 W. Randolph St. #8-200 Number Street Chicago Illinois 60601 City State Zip Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 11 WC 03694			
Discover Bank v. Jeffrey Couch	Small claims	Will County Circuit Court Court Name 14 W. Jefferson St. Number Street Joliet Illinois 60432 City State Zip Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 17 SC 3488			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name Number Street City State Zip Code Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name Number Street City State Zip Code Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Jeffrey Couch Case number (if known)

First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street City State Zip Code	Last 4 digits of account number: XXXX-		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Person to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts	Value
Number Street City State Zip Code Person's relationship to you			
Person to Whom You Gave the Gift Number Street City State Zip Code Person's relationship to you			

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name

Number Street

City State Zip Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss
Include the amount that insurance has paid. List
pending insurance claims on line 33 of *Schedule*
A/B: Property.

Date of your
loss

Value of property
lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
 Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Description and value of any property transferred

Date payment
or transfer
was made

Amount of
payment

Malmquist, Geiger and Durkee, LLC

Person Who Was Paid

415 Liberty St.

Number Street

Morris Illinois 60450

City State Zip Code

Email or website address

Person Who Made the Payment, if Not You

001 Debtorcc, Inc.

Person Who Was Paid

378 Summit Avenue

Number Street

Jersey City New Jersey 07306

City State Zip Code

Email or website address

Person Who Made the Payment, if Not You

Fees and costs - 1557.00

4/18/2018

\$1557.00

- 15.00

4/20/18

\$15.00

Debtor 1 Jeffrey Couch Case number (if known)

First Name

Middle Name

Last Name

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street City State Zip Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Number Street City State Zip Code Person's relationship to you			
Person Who Received Transfer Number Street City State Zip Code Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called asset-protection devices.)

☒ No☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date transfer was made

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 3: **List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Person Who Was Paid _____ Number Street _____ City State Zip Code _____	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____
Person Who Was Paid _____ Number Street _____ City State Zip Code _____	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Name _____ Number Street _____ City State Zip Code _____	Name _____ Number Street _____ City State Zip Code _____	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility	Who else had access to it?	Describe the contents	Do you still have it?
Name _____ Number Street _____ City State Zip Code _____	Name _____ Number Street _____ City State Zip Code _____	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

Part 9: **Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Where is the property?		Describe the contents	Value
Owner's Name	Number Street		
Number Street			
City State Zip Code	City State Zip Code		
City State Zip Code	City State Zip Code		

Part 10: **Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State Zip Code	City State Zip Code		
City State Zip Code	City State Zip Code		

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State Zip Code	City State Zip Code		
City State Zip Code	City State Zip Code		

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
_____	Court Name _____	_____	<input type="checkbox"/> Pending
Case number _____	Number Street _____		<input type="checkbox"/> On appeal
City _____ State _____ Zip Code _____			<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name _____ Number Street _____ City _____ State _____ Zip Code _____ Name of accountant or bookkeeper _____	EIN: _____ Dates business existed From _____ To _____
Business Name _____ Number Street _____ City _____ State _____ Zip Code _____ Name of accountant or bookkeeper _____	EIN: _____ Dates business existed From _____ To _____
Business Name _____ Number Street _____ City _____ State _____ Zip Code _____ Name of accountant or bookkeeper _____	EIN: _____ Dates business existed From _____ To _____

Debtor 1 Jeffrey Couch Case number (if known) _____
 First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Date issued

Name

MM/DD/YYYY

Number Street

City

State

Zip Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

/s/ Jeffrey Couch
 Signature of Debtor

Date 4/26/2018

x

/s/ Jodie Couch
 Signature of Debtor 2

Date 4/26/2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois
			(State)
Case number (If known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.	
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?
Creditor's name: CITIZENSONE Description of property securing debt: Cadillac CTS Value: \$11,500.00	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. <input type="checkbox"/> Retain the property and [explain]: _____
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. <input type="checkbox"/> Retain the property and [explain]: _____
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. <input type="checkbox"/> Retain the property and [explain]: _____
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. <input type="checkbox"/> Retain the property and [explain]: _____

Debtor Jeffrey Couch Case number (if known)
 1 First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Jeffrey Couch

Signature of Debtor 1

Date 4/26/2018
 MM/DD/YYYY

X /s/ Jodie Couch

Signature of Debtor 2

Date 4/26/2018
 MM/DD/YYYY

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT**Northern District of Illinois**In re Jeffrey Couch ; Jodie Couch
DebtorCase No. _____
(If known)
Chapter Chapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$1,200.00</u>
Prior to the filing of this statement I have received	<u>\$1,200.00</u>
Balance Due	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

4/26/2018

Date

/s/ James Durkee

Signature of Attorney

Malmquist Geiger & Durkee

Name of law firm

CITIZENS ONE
480 JEFFERSON BLVD
WARWICK, RI, 02886

DISCOVER BANK
POB 15316
WILMINGTON, DE, 19850

BANK AMERICA
1825 E BUCKEYE RD
PHOENIX, AZ, 85034

KOHL'S/CAPONE
PO BOX 3115
MILWAUKEE, WI, 53201

BBY/CBNA
PO BOX 6497
SIOUX FALLS, SD, 57117

SYNCOB/TOYS
PO BOX 965005
ORLANDO, FL, 32896

CB/VICS CRT
220 W SCHROCK RD
WESTERVILLE, OH, 43081

SYNCOB/WALMART
PO BOX 965024
EL PASO, TX, 79998

CDA/PONTIAC
415 E MAIN POB 213
STREATOR, IL, 61364

TARGET/TD
PO BOX 673
MINNEAPOLIS, MN, 55440

MERCHANTS CR
223 W JACKSON ST SUITE 900
CHICAGO, IL, 60606

Clinical Associates in Medicine, LLC
330 Madison St.
Joliet, IL, 60435

Pain and Spine Institute/Dr. Samir Sharma
744 Essington Rd.
Joliet, IL, 60435

Presence Saint Joseph Hospital
333 North Madison St.
Joliet, IL, 60435

Humana
2301 W. 22nd St.
Oak Brook, IL, 60523

Neil Green Law Office
250 Parkway Dr., #160
Lincolnshire, IL, 60069

Joliet Radiological Services Corporation
333 Madison St.
Joliet, IL, 60435

Neurological Surgery and Spine Surgery/ Dr. Sean Salehi
1 Westbrook Corporate Center Suite 800
Westchester, IL, 60154

Future Diagnostic Group
254 Republic Ave.
Joliet, IL, 60435

Advanced Physicians/Dr. Lang
16101 Weber Rd.
Crest Hill, IL, 60403

Morris Hospital
150 W. High St.
Morris, IL, 60450

Medicaid/Illinois Department of Human Services
361 Old Indian Trail
Aurora, IL, 60506

University of Illinois Hospital and Health Sciences System
1740 W. Taylor St
Chicago, IL, 60612

University of Illinois Hospital
1740 West Taylor St.
Chicago, IL, 60612

University-Chicago Physicians Group
180 Harvester Dr.
Willowbrook, IL, 60527

ATI Physical Therapy
790 Remington Boulevard
Bolingbrook, IL, 60440

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS

IN RE: Teffrey and Jodie Couch

CASE NO. _____

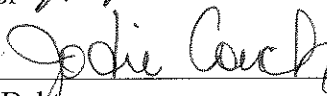
Debtor(s).

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: 4/26/2018


Debtor


Joint Debtor